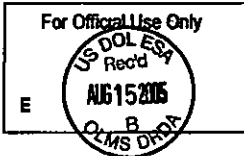# FORM LM-30
LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT

This report is mandatory under P L 86-257, as amended Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440
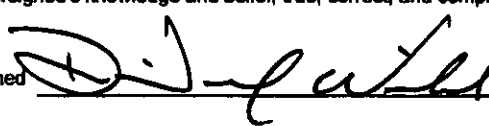
For Official Use Only

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1 File Number U - 8963	2. Fiscal Year Covered From 1 / 1 / 2004 Through 12 / 31 / 2004

3 Name and address of person filing	4 Name, file number, and address of labor organization
Name David M Wicks	Name Brotherhood of Locomotive Engineers and Trainm
	Labor Organization File Number 000101
P O Box, Bldg , Room No , if any P.O Box 86	P O Box, Building and Room Number, if any
Street 105 Bell Street	Street
City Corydon	City
State Kentucky ZIP Code + 4 42406-0086	State ZIP Code + 4

5 Position in labor organization   Local Chairman, Division 154

Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6 Name and address of Employer (including trade name, if any)	7 a Nature of Interest, Transaction, or Income.
Name Holland, Groves, & Schneller, LLC	Provided tickets and picnic style meal for a baseball game in Evansville, IN, Evansville Otters, sometime in June or July 2004 for the three local divisions at Evansville. Group event, amount unknown
Trade Name, if any	
P O Box, Bldg , Room No , if any	7 b Amount.
Street 300 North Tucker Boulevard, Suite 8	
City St Louis	
State Missouri ZIP Code + 4 63101	

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete (See the section on penalties in the instructions.)

Signed	On 8/8/2005 Date	270-533-3536 Telephone Number

Name of Person Filing David Wicks	File Number U-

B Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

| 8. Name and address of Business (including trade name, if any)

Name

Trade Name, if any

P O Box, Bldg , Room No , if any

Street

City

State   ZIP Code + 4 | 9 Business deals with

☐ a Labor Organization

☐ b. Trust

☐ c. Employer |
|---|---|
| 10 If 9 b. or 9 c. is checked give trust or employer's name

Name

Trade Name, if any

P O Box, Bldg., Room No., if any

Street

City

State   ZIP Code + 4 | 11 a Nature of such dealing |
	11 b Approximate dollar value of such dealing
	12 a Nature of interest held or income received
	12 b Amount

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

| 13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)

Name

Trade Name, if any

P O Box, Bldg , Room No , if any

Street

City

State ZIP Code + 4	14 a Nature of payment.
13 b Is the Business an Employer ☐ or Consultant ☐ ?	14 b Amount of payment.